

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042809

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 97

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0061

2 0061

3

4 0

5 1

6

7 1

8 2

9 157x

10

11

12 1-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Barton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Lamar

Length of stay in 1b

11 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Barton Co. Memorial Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Barton

c. CITY
OR TOWN

Lamar

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

Route 1

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First

HARLEY

Middle

LEROY

Last

DAVIS

4. DATE OF DEATH

Month

December

Day

1

Year

1963

5. SEX
M

6. COLOR OR RACE
W

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-22-1895

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer, Ret.

10b. KIND OF BUSINESS OR INDUSTRY

Own Farm

11. BIRTHPLACE (City and state or country)

Claremore, Oklahoma

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Hugh Davis

13b. MOTHER'S MAIDEN NAME

Mary Jane Tunget

14. NAME OF HUSBAND OR WIFE

Una Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. H. L. Davis, Lamar, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinomatosis

Interval between onset and death weeks?

over 1 yr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Carcinoma of Pancreas

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour s.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-25-63 to 12-1-63 and last saw her alive on 12-1-63
Death occurred at 3:55 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Herbert M. Arnold M.D.

22b. ADDRESS

1501 N. 1st St., Lamar, Missouri

22c. DATE SIGNED

12-3-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12-4-1963

23c. NAME OF CEMETERY OR CREMATORY

Iantha Cemetery

23d. LOCATION (City, town, or county)

Iantha, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Chiles Funeral Home, Lamar, Mo.

25. DATE RECD. BY LOCAL REG.

12-7-1963

26. REGISTRAR'S SIGNATURE

Marie K. Krametz

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

Dr. Arnold
1910-1911

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence H. Child

Licensed Embalmer No. 3473

P. O. Address Lamar Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.